

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005501

STATE FILE NUMBER

AMENDED

Registration District No.

FILED FEB 26 1962

38

Primary Registration District No.

3006

Registrar's No.

118

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lincoln					
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia				Length of stay in 1b 43 Days		c. CITY OR TOWN Elsberry		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIVERSITY OF MO. Medical Center				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS Box 72		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WAYNE Leigh DEARINGER				4. DATE OF DEATH Month Day Year 2 - 22 - 62					
5. SEX male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-9-12		9. AGE (last birthday) 50	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) KNOX CO. MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ottis DEARINGER				13b. MOTHER'S MAIDEN NAME Bertha Shutt		14. NAME OF HUSBAND OR WIFE MYRA DEARINGER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 4		17. INFORMANT Hospital Chart U.M.M.C.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerotic heart disease DUE TO (c) Coronary				INTERVAL BETWEEN ONSET AND DEATH Immediate					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple Sclerosis						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 12-1-61 to 2-22-62 and last saw her him alive on 2-22-62 Death occurred at 12 m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE RE Palmer MD (Degree or title)				22b. ADDRESS Columbia, Missouri				22c. DATE SIGNED 2-23-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-23-1962		23c. NAME OF CEMETERY OR CREMATORY Thornhill Cem. Troy Mo		23d. LOCATION (City, town, or county) (State) Elsberry, Missouri			
24. FUNERAL DIRECTOR Barker Funeral Service, Columbia, Mo.				25. DATE RECD. BY LOCAL REG. Feb. 23, 1962		26. REGISTRAR'S SIGNATURE Mrs. RE Palmer			

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1962

MAY 1 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *James P. Kelly*

Licensed Embalmer No. 4897

P. O. Address Columbus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.